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# AIDS NEWSLETTER

a monthly publication from the  
Massachusetts Department of Public Health/Boston Department of Health and Hospitals

1 3

January, 1987

No. 1

## UPDATE

During the month of December, 37 new cases of AIDS were reported. There has been a consistent decline in the proportion of AIDS patients having Kaposi's Sarcoma over the past four years. Only 15% of all cases diagnosed in 1985 and 1986 have had this primary diagnosis, compared to 25% of the early cases.

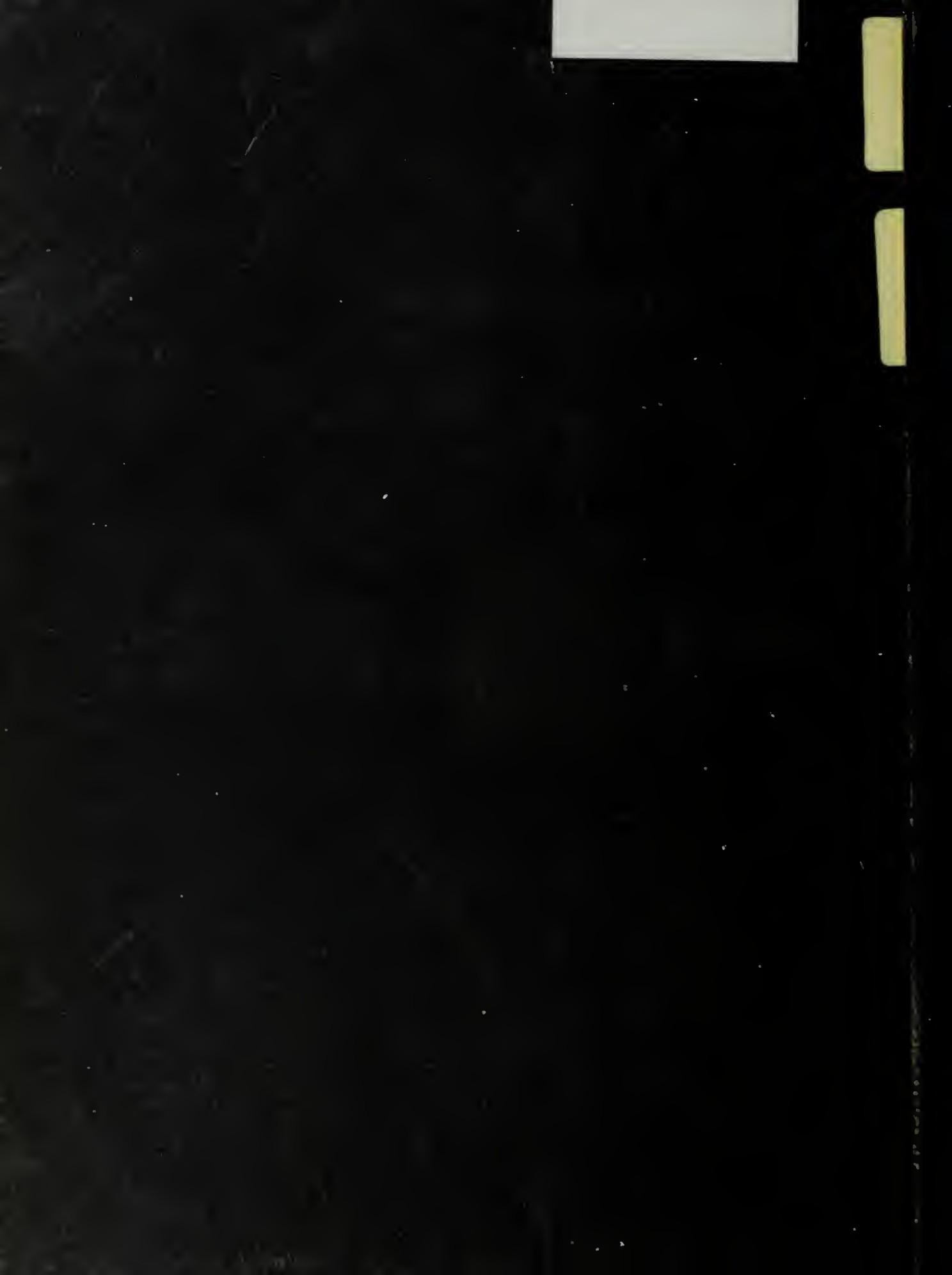
### REPORTED AIDS CASES ACCORDING TO INSTITUTION AND YEAR

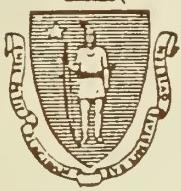
APR 7 1987	Institution	Cumulative Case Reports			
		as of 12/31/85 No.	as of 12/31/85 (%)	as of 12/31/86 No.	as of 12/31/86 (%)
University of Massachusetts	Beth Israel Medical Center	10	(2)	21	(3)
Depotitory Copy	Beth Israel Hospital	34	(8)	55	(8)
	Boston City Hospital	28	(7)	47	(6)
	Brigham & Women's Hospital	21	(5)	45	(6)
	Cambridge Hospital	6	(1)	7	(1)
	Carney Hospital	7	(2)	10	(1)
	Children's Hospital	5	(1)	14	(2)
	Harvard Community Health Plan	5	(1)	22	(3)
	Lahey Clinic	11	(3)	21	(3)
	Lemuel Shattuck Hospital	2	(1)	6	(1)
	Massachusetts General Hospital	80	(19)	113	(16)
	Mt. Auburn Hospital	8	(2)	18	(3)
	New England Deaconess Hospital	112	(27)	185	(25)
	New England Medical Center	19	(5)	33	(5)
	Newton-Wellesley Hospital	1	(0)	6	(1)
	University Hospital	12	(3)	21	(3)
	V.A. Medical Center	6	(1)	19	(3)
	Worcester Memorial	2	(1)	7	(1)
	Other Boston Hospitals	3	(1)	11	(2)
	Other Non-Boston Hospitals	46	(11)	68	(9)
	Total	418	(100)	729	(100)

### REPORTED AIDS CASES ACCORDING TO COUNTY OF RESIDENCE

Suffolk	317	Plymouth	18
Middlesex	113	Bristol	12
Barnstable	31	Berkshire	4
Norfolk	31	Nantucket	3
Essex	26	Hampshire	3
Hampden	26	Franklin	2
Worcester	25	Dukes	0

Note: One hundred-eighteen (16%) of the 729 reported cases were not residents of Massachusetts when symptoms first appeared. These patients were subsequently diagnosed and cared for in the Commonwealth.





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# AIDS NEWSLETTER

a monthly publication from the  
Massachusetts Department of Public Health/Boston Department of Health and Hospitals

**Vol. 3**

**January, 1987**

**No. 1**

## U P D A T E

During the month of December, 37 new cases of AIDS were reported. There has been a consistent decline in the proportion of AIDS patients having Kaposi's Sarcoma over the past four years. Only 15% of all cases diagnosed in 1985 and 1986 have had this primary diagnosis, compared to 25% of the early cases.

### GOVERNMENT DOCUMENT REPORTED AIDS CASES ACCORDING TO INSTITUTION AND YEAR COLLECTION

APR 7 1987

Institution	Cumulative Case Reports			
	as of 12/31/85 No.	as of 12/31/85 (%)	as of 12/31/86 No.	as of 12/31/86 (%)
Beth Israel Medical Center	10	(2)	21	(3)
Beth Israel Hospital	34	(8)	55	(8)
Boston City Hospital	28	(7)	47	(6)
Brigham & Women's Hospital	21	(5)	45	(6)
Cambridge Hospital	6	(1)	7	(1)
Carney Hospital	7	(2)	10	(1)
Children's Hospital	5	(1)	14	(2)
Harvard Community Health Plan	5	(1)	22	(3)
Lahey Clinic	11	(3)	21	(3)
Lemuel Shattuck Hospital	2	(1)	6	(1)
Massachusetts General Hospital	80	(19)	113	(16)
Mt. Auburn Hospital	8	(2)	18	(3)
New England Deaconess Hospital	112	(27)	185	(25)
New England Medical Center	19	(5)	33	(5)
Newton-Wellesley Hospital	1	(0)	6	(1)
University Hospital	12	(3)	21	(3)
V.A. Medical Center	6	(1)	19	(3)
Worcester Memorial	2	(1)	7	(1)
Other Boston Hospitals	3	(1)	11	(2)
Other Non-Boston Hospitals	46	(11)	68	(9)
Total	418	(100)	729	(100)

### REPORTED AIDS CASES ACCORDING TO COUNTY OF RESIDENCE

Suffolk	317	Plymouth	18
Middlesex	113	Bristol	12
Barnstable	31	Berkshire	4
Norfolk	31	Nantucket	3
Essex	26	Hampshire	3
Hampden	26	Franklin	2
Worcester	25	Dukes	0

Note: One hundred-eighteen (16%) of the 729 reported cases were not residents of Massachusetts when symptoms first appeared. These patients were subsequently diagnosed and cared for in the Commonwealth.

# AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 12/31/86	Massachusetts (729)		United States (29,435)	
	No.	(%)	No.	(%)
<b>Residence</b>				
City of Boston	307	(42)		
*Remainder SMSA	159	(22)		
Remainder State	145	(20)		
Out-of-State	118	(16)		
<b>Transmission Categories (Adult Cases)</b>	711		29,019	
Homosexual/Bisexual Male	493	(69)	19,046	(65)
I.V. Drug User	78	(11)	4,921	(17)
Homosexual Male and I.V. Drug User	40	(6)	2,250	(8)
Hemophilia	7	(1)	249	(1)
Heterosexual Cases**	54	(7)	1,101	(4)
Transfusion Blood/Components	18	(3)	537	(2)
None of the above	21	(3)	915	(3)
<b>Transmission Categories (Children &lt;13 yrs)</b>	18		416	
Parent with AIDS/or at increased risk for AIDS	13	(72)	331	(80)
Hemophilia	1	(6)	23	(5)
Transfusion, Blood/Components	4	(22)	51	(13)
None of the above	0	(0)	11	(2)
<b>Primary Diagnosis (ordered hierarchically)</b>				
Pneumocystis carinii Pneumonia (PCP)	459	(63)	18,912	(64)
Other Opportunistic Diseases	128	(18)	6,511	(22)
Kaposi's Sarcoma (KS)	142	(19)	4,012	(14)
<b>Sex</b>				
Male	677	(93)	27,279	(93)
Female	52	(7)	2,156	(7)
<b>Condition</b>				
Alive	357	(49)	12,768	(43)
Dead	372	(51)	16,667	(57)
<b>Race</b>				
White	546	(75)	17,588	(60)
Black	127	(17)	7,333	(25)
Hispanic	52	(7)	4,238	(14)
Other/Unknown	4	(1)	276	(1)

\*Refers to the Standard Metropolitan Statistical Area within Route 495.

\*\*Includes persons who have had heterosexual contact with high risk individuals and persons born in countries in which heterosexual transmission is believed to play a major role.

# Directory of Available Printed and Audiovisual Materials Concerning AIDS

The following materials can be obtained by writing to the Massachusetts Department of Public Health, Health Resources Office, 150 Tremont Street (9th Floor), Boston, MA 02111.

For Health Professionals--Coping with AIDS-Psychological and Social Considerations in Helping People with HTLV-III Infection.

AIDS: Updated Information for Physicians and Health Care Providers (1985)

AIDS: Updated Information for Dentists and Dental Auxiliaries (1986)

Governor's Task Force on AIDS Policies and Recommendations

For the General Public--AIDS Fact Sheets (Series of three)

Surgeon General's Report on AIDS, U.S. Public Health Service

The AIDS Action Committee offers a variety of brochures and videotapes which can be ordered through their Education Department (617-437-6200). Written requests should be directed to 661 Boylston Street, Boston, MA 02116. Bulk orders may be subject to a printing fee.

Written materials include:

General Information-Facts About AIDS for Everyone, AIDS--What Everyone Should Know

Health Care Professionals-Good Nursing Care for the AIDS Patient, Infection Control Guidelines for People with AIDS/ARC in the Home

Safer Sex/Risk Reduction-Safer Sex for Men and Women Concerned About AIDS, Safe Sex, Safer Sex Can Be Sensual (for gay men), Drug Users-Stop AIDS (also in Spanish)

Other-Glossary of Terms, Bibliography, Overview of AIDS Action Committee Services, 100 Questions and Answers on AIDS, Coping with ARC, AIDS Family Guide, When a Friend Has AIDS, You as a Health Care Consumer

Currently in Production-AIDS, the Law and You, ARC-AIDS Related Complex, Man to Man-A Frank Discussion about AIDS, Living with AIDS

The library of videotapes available on short-term loan includes: Beyond Fear: Excellent for general audiences and health professionals, developed by the American Red Cross (1 hour).

AIDS Alert: Directed to adolescents and college students; from Health Alert Press. Uses cartoon figures to explain basic concepts and discuss risk reduction (30 minutes).

An Epidemic of Fear--AIDS in the Workplace: Designed for office settings, stressing the lack of casual transmission. By the SF AIDS Foundation (25 minutes).

Sex, Drugs and AIDS: For teens and young adults. Discusses safer sex guidelines and needle use issues clearly and concisely (19 minutes).

AIDS Care Beyond the Hospital: Versions for home care attendants and their supervisors. Topics include infection control, recommendations for care and psychosocial aspects of the disease (30 minutes).

Shanti Videos: An eight-part series for providers and hospice workers addressing psychosocial support and general concerns.

Additional materials have been produced jointly by the U.S. Public Health Service and the American Red Cross. Copies can be obtained by writing to AIDS, Suite 700, 1555 Wilson Boulevard, Rosslyn, VA 22209. The selection includes:

Poster-Features singer Patti LaBelle and carries the message "Don't listen to rumors about AIDS. Get the Facts!"

Brochures-AIDS, Sex and You, Facts About AIDS and Drug Abuse, AIDS and Your Job--Are There Risks?, Gay and Bisexual Men and AIDS, AIDS and Children--Information for Parents of School Age Children, AIDS and Children--Information for Teachers and School Officials, Caring for the AIDS Patient at Home, If Your Test for Antibody to the AIDS Virus is Positive...

## CALENDAR

### Saturday, January 31

AIDS Forum, Central Library, Salem Street, Worcester.  
12:00 - 5:00 p.m.  
Sponsored by AIDS-Project Worcester  
For more information call 756-6681.

### Friday, February 27

Public Health Rounds: Educational Moments —  
AIDS Risk Reduction and Prevention.  
For health educators, mental health professionals, and  
care providers involved in counselling for behavior  
change.  
Gardner Auditorium, State House, Boston.  
8:30 a.m. - 1:00 p.m. No fee or registration required.  
Call 727-0368 for additional information.

"AIDS: Moving Beyond the Fear". A series of full-day conferences for nurses. Co-sponsored by the Massachusetts Nurse's Association (MNA) and the Massachusetts Department of Public Health.

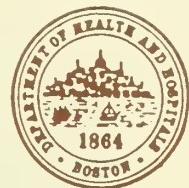
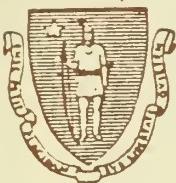
2/17/87	Northampton	3/10/87	Danvers
2/18/87	Worcester	3/11/87	Cambridge
2/19/87	Cambridge	3/12/87	Mansfield

For registration information, call the MNA at  
482-5465 or 1-800-882-2056.

### EDITORIAL BOARD

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Boston Department of Health and Hospitals  
House Officers Building, Room 321  
818 Harrison Avenue  
Boston, MA 02118



# AIDS NEWSLETTER

a monthly publication from the  
Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 3

February, 1987

No. 2

## U P D A T E

Thirty-six additional cases of AIDS were reported to the joint surveillance program during the month of January, including four women. Although adult men with AIDS have consistently outnumbered women nearly 15 to 1 in Massachusetts, a total of 40 women residents have now developed AIDS.

### GOVERNMENT DOCUMENTS COLLECTION

JUN 22 1987	Institution	Cumulative Case Reports			
		as of 1/31/86 No.	(%)	as of 1/31/87 No.	(%)
University of Massachusetts	Baystate Medical Center	12	(3)	25	(3)
Beth Israel Hospital	34	(8)	57	(8)	
Depository Dept.	Boston City Hospital	30	(7)	50	(7)
Boston	Brigham & Women's Hospital	21	(5)	49	(6)
Cambridge Hospital	6	(1)	7	(1)	
Carney Hospital	8	(2)	10	(1)	
Children's Hospital	6	(1)	14	(2)	
Harvard Community Health Plan	9	(2)	22	(3)	
Lahey Clinic	11	(3)	21	(3)	
Lemuel Shattuck Hospital	2	(1)	9	(1)	
Massachusetts General Hospital	84	(19)	116	(15)	
Mt. Auburn Hospital	8	(2)	19	(3)	
New England Deaconess Hospital	116	(26)	193	(25)	
New England Medical Center	19	(4)	33	(4)	
Newton-Wellesley Hospital	1	(0)	6	(1)	
University Hospital	12	(3)	22	(3)	
Univ. of Mass. Medical Center	2	(1)	7	(1)	
V.A. Medical Center	7	(2)	19	(3)	
Worcester Memorial	2	(1)	7	(1)	
Other Boston Hospitals	2	(1)	12	(2)	
Other Non-Boston Hospitals	52	(12)	67	(9)	
	Total	444	(100)	765	(100)

### REPORTED AIDS CASES ACCORDING TO COUNTY OF RESIDENCE

Suffolk	332	Plymouth	21
Middlesex	116	Bristol	13
Norfolk	35	Berkshire	4
Barnstable	31	Nantucket	4
Hampden	30	Hampshire	4
Essex	27	Franklin	2
Worcester	26	Dukes	0

Note: One hundred-twenty (16%) of the 765 reported cases were not residents of Massachusetts when symptoms first appeared. These patients were subsequently diagnosed and cared for in the Commonwealth.

# AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

	Massachusetts (765)	United States (30,396)		
	No.	(%)	No.	(%)
<b>Residence</b>				
City of Boston	321	(42)		
*Remainder SMSA	168	(22)		
Remainder State	156	(20)		
Out-of-State	120	(16)		
<b>Transmission Categories (Adult Cases)</b>	747		29,959	
Homosexual/Bisexual Male	515	(69)	19,634	(65)
I.V. Drug User	83	(11)	5,099	(17)
Homosexual Male and I.V. Drug User	43	(6)	2,318	(8)
Hemophilia	7	(1)	254	(1)
Heterosexual Cases**	57	(7)	1,137	(4)
Transfusion Blood/Components	20	(3)	564	(2)
None of the above	22	(3)	953	(3)
<b>Transmission Categories (Children 13 yrs)</b>	18		437	
Parent with AIDS/or at increased risk for AIDS	13	(72)	349	(80)
Hemophilia	1	(6)	23	(5)
Transfusion, Blood/Components	4	(22)	52	(12)
None of the above	0	(0)	13	(3)
<b>Primary Diagnosis (ordered hierarchically)</b>				
Pneumocystis carinii Pneumonia (PCP)	488	(64)	19,579	(64)
Other Opportunistic Diseases	131	(17)	6,715	(22)
Kaposi's Sarcoma (KS)	146	(19)	4,102	(14)
<b>Sex</b>				
Male	709	(93)	28,142	(93)
Female	56	(7)	2,254	(7)
<b>Condition</b>				
Alive	369	(48)	13,058	(43)
Dead	396	(52)	17,338	(57)
<b>Race</b>				
White	576	(75)	18,174	(60)
Black	131	(17)	7,557	(25)
Hispanic	54	(7)	4,376	(14)
Other/Unknown	4	(1)	289	(1)

\*Refers to the Standard Metropolitan Statistical Area within Route 495.

\*\*Includes persons who have had heterosexual contact with high risk individuals and persons born in countries in which heterosexual transmission is believed to play a major role.

## WOMEN AND AIDS

As AIDS becomes more widely discussed in the population, women, who may have once perceived the problem as largely confined to men, are worrying about their own risk of disease. Nationally, 2053 adult women with AIDS have been reported, representing 7% of the total number of U.S. cases. The male-to-female ratio in the U.S. differs from that of Central Africa where AIDS occurs equally in men and women and appears to be transmitted mainly through heterosexual contact. It is not clear whether these epidemiologic distinctions between developed and underdeveloped countries will continue. If the disease eventually spreads beyond the current high risk categories through heterosexual contact, the prevalence of infection among American women may increase. In Zaire, a recent survey of healthy women aged 15-30 demonstrated a 10% rate of human immunodeficiency virus (HIV) seropositivity. Currently 0.06% of female U.S. military recruit applicants are antibody positive.

The probable source of infection among the 40 reported Massachusetts women with AIDS is shown below. Half were infected by direct blood exposure, 15 from contaminated intravenous drug injections and 5 from transfusions received prior to donor screening. The other 20 women included 11 who had sexual contact in the U.S. with high-risk men (8 IV drug users, 1 bisexual and 2 of Caribbean origin) and 5 who were recent immigrants from Central Africa or Caribbean countries. The risk factor for 4 women has not yet been determined, with 2 under investigation and 2 deceased without sufficient information to classify.

AIDS Cases in Women Residing in Massachusetts

<u>Transmission Category</u>	<u>White</u>	<u>Non-white</u>	<u>Total</u>
IV drug user	9 (41%)	6 (33%)	15 (37%)
Heterosexual transmission	5 (23%)	11 (61%)	16 (40%)
Transfusion recipient	5 (23%)	0	5 (13%)
Undetermined	3 (13%)	1 (6%)	4 (10%)
Total	22 (100%)	18 (100%)	40 (100%)

HIV has been isolated in vaginal and cervical fluids and breast milk. About 80% of AIDS cases in children are attributed to transmission from an infected mother during pregnancy or around the time of birth. Infected women who become pregnant, even when otherwise healthy, are likely to transmit the virus to their offspring, although estimates vary regarding the exact probability. The CDC has suggested that women at high risk for AIDS be serologically tested for HIV prior to becoming pregnant, and that women who have been infected with the virus postpone pregnancy until more is known about perinatal transmission. HIV-infected women may require additional medical and social support services due to an enhanced risk of opportunistic infections and psychosocial difficulties during and after pregnancy. Obstetric care providers should be alerted to signs and symptoms of HIV and related opportunistic infections in these pregnant women. HIV-infected women should be advised against breast feeding to avoid postnatal transmission.

In Boston, a weekly drop-in group has been organized for women who are personally concerned about AIDS or HIV infection. The group discussion is facilitated by a health care provider who specializes in women's health issues and issues of HIV infection. The group meets each Friday morning and child care is provided; additional information can be obtained by calling (617) 542-5188.

## CALENDAR

**Wednesday, March 11**

Public Health Rounds, "Update on AIDS:  
The Massachusetts Response."  
7-9 p.m. Gardner Auditorium, State House, Boston.  
Sponsored by the Department of Public Health.

### FORUM SERIES

Sponsored by the Mental Health Subcommittee  
of the AIDS Action Committee  
Open to all mental health professionals  
Mass. Mental Health Center, 74 Fenwood Road, Boston  
Friday evenings, 7-8:30

**March 13**  
**March 27**  
**April 10**  
**April 24**

"Women and AIDS"  
"Psychological Issues of Drug Protocols"  
"Transference/Countertransference Issues in Working with PWA's"  
"Suicidality and AIDS Anxiety"

Call 437-6200 for more information.

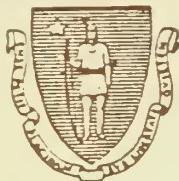
**Friday, April 10**

AIDS: Medical, Psychiatric, and Psychosocial Issues.  
8 a.m. - 5:30 p.m. Burlington Marriot Hotel.  
Sponsored by the Veteran's Administration.  
To register (by April 1) call John Conte 275-7500 Ext.  
653. \$35.00 (for non-VA employees) includes lunch.  
Medical, nursing, psychiatric, and social work CEU's.

### EDITORIAL BOARD

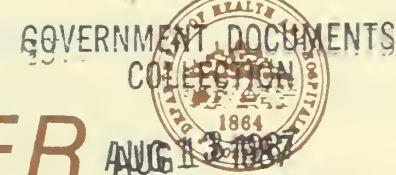
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Vol. 3

March, 1987

No. 3

## UPDATE

In February, the joint surveillance program received reports of thirty-five new cases of AIDS. The cumulative incidence rate in metropolitan Boston (173 cases/million) approximates that for Dallas and Seattle and exceeds rates in Chicago and Philadelphia. New York and San Francisco, however, have case rates that are 5-6 times higher than Boston.

### REPORTED AIDS CASES ACCORDING TO INSTITUTION AND YEAR

Institution	Cumulative Case Reports			
	as of 2/28/86 No.	as of 2/28/86 (%)	as of 2/28/87 No.	as of 2/28/87 (%)
Baystate Medical Center	12	(3)	25	(3)
Beth Israel Hospital	35	(8)	63	(8)
Boston City Hospital	32	(7)	52	(7)
Brigham & Women's Hospital	22	(5)	49	(6)
Cambridge Hospital	6	(1)	7	(1)
Carney Hospital	8	(2)	10	(1)
Children's Hospital	7	(1)	14	(2)
Harvard Community Health Plan	10	(2)	25	(3)
Lahey Clinic	11	(3)	22	(3)
Lemuel Shattuck Hospital	2	(0)	12	(1)
Massachusetts General Hospital	88	(19)	117	(15)
Mt. Auburn Hospital	8	(2)	20	(3)
New England Deaconess Hospital	122	(26)	200	(25)
New England Medical Center	20	(4)	33	(4)
Newton-Wellesley Hospital	1	(0)	7	(1)
St. Elizabeth's Hospital	2	(1)	8	(1)
University Hospital	12	(3)	24	(3)
Univ. of Mass. Medical Center	2	(0)	8	(1)
V.A. Medical Center	7	(1)	19	(2)
Worcester Memorial	2	(0)	7	(1)
Other Boston Hospitals	4	(1)	8	(1)
Other Non-Boston Hospitals	52	(11)	70	(9)
Total	465	(100)	800	(100)

### REPORTED AIDS CASES ACCORDING TO COUNTY OF RESIDENCE

Suffolk	342	Plymouth	27
Middlesex	122	Bristol	14
Norfolk	36	Berkshire	4
Essex	33	Nantucket	4
Barnstable	32	Hampshire	4
Hampden	30	Franklin	2
Worcester	27	Dukes	0

Note: One hundred-twenty-three (15%) of the 800 reported cases were not residents of Massachusetts when symptoms first appeared. These patients were subsequently diagnosed and cared for in the Commonwealth.

# AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 2/28/87	Massachusetts (800)		United States (31,834)	
	No.	(%)	No.	(%)
<b>Residence</b>				
City of Boston	330	(41)		
*Remainder SMSA	179	(22)		
Remainder State	168	(21)		
Out-of-State	123	(15)		
<b>Transmission Categories (Adult Cases)</b>	782		31,381	
Homosexual/Bisexual Male	543	(69)	20,593	(66)
I.V. Drug User	87	(11)	5,312	(17)
Homosexual Male and I.V. Drug User	42	(5)	2,426	(8)
Hemophilia	8	(1)	263	(1)
Heterosexual Cases**	58	(7)	1,180	(4)
Transfusion Blood/Components	22	(3)	598	(2)
None of the above	22	(3)	1,009	(3)
<b>Transmission Categories (Children &lt;13 yrs)</b>	18		453	
Parent with AIDS/or at increased risk for AIDS	13	(72)	362	(80)
Hemophilia	1	(6)	24	(5)
Transfusion, Blood/Components	4	(22)	54	(12)
None of the above	0	(0)	13	(3)
<b>Primary Diagnosis (ordered hierarchically)</b>				
Pneumocystis carinii Pneumonia (PCP)	511	(64)	20,532	(64)
Other Opportunistic Diseases	138	(17)	7,077	(22)
Kaposi's Sarcoma (KS)	151	(19)	4,225	(14)
<b>Sex</b>				
Male	741	(93)	29,474	(93)
Female	59	(7)	2,360	(7)
<b>Condition</b>				
Alive	388	(48)	13,449	(43)
Dead	412	(52)	18,385	(57)
<b>Race</b>				
White	604	(76)	19,067	(60)
Black	135	(17)	7,894	(25)
Hispanic	57	(7)	4,571	(14)
Other/Unknown	4	(0)	302	(1)

\*Refers to the Standard Metropolitan Statistical Area within Route 495.

\*\*Includes persons who have had heterosexual contact with high risk individuals and persons born in countries in which heterosexual transmission is believed to play a major role.

## **Responding to the Concerns of Blood Transfusion Recipients**

A report describing transmission of human immunodeficiency virus (HIV) to transfusion recipients and secondarily to their sexual partners and children appears in the March 20 issue of the Morbidity and Mortality Weekly Report. The cases discussed raise the issue of HIV antibody testing of patients who received unscreened blood during the seven years prior to the availability of anti-HIV tests (1978-1984). The media coverage of this report has left the public with a general impression that testing is warranted and desirable. As a result, AIDS hotlines are being barraged with requests for testing information.

The Department of Public Health advises on the need for HIV testing of these individuals according to several concerns:

- 1) the actual probability that an individual has received an infectious blood transfusion,
- 2) the individual's possibility of transmitting such an infection to sexual partners or offspring,
- 3) personal anxiety, particularly the inability to cope with even remote or low probability risks. (This is recognized as an additional factor, though not usually given the same weight as the first two concerns.)

To expand on the first concern, the probability of infection is determined by several variables: a) the number of blood components received, b) the date of transfusion, and c) the geographic area where the blood was collected. Exposure to many donors in multiple transfusions increases risk. Rates of infection among donors during the prescreening period were lowest in 1978 and increased to a rate of 0.04% when screening began in May 1985. If the blood was collected in areas where AIDS first appeared and where the incidence remains highest (NY, CA, NJ or FL), the risk of infection would be greater than for New England donations, especially in the early years.

Health care providers and health educators are encouraged to review these important elements with concerned individuals. In addition, a general note of caution should be given, in view of the possibility of a false-positive test. Some false-positive screening tests by the ELISA method can be recognized immediately by repeat ELISA tests. Independent methods are required to confirm even those ELISA tests which are repeatable. As is true of any biologic test series a very small but irreducible uncertainty about false-positive reactions always remains, especially in low risk populations where true positives are nearly as rare as false positives.

Patients who, after careful consideration, request the HIV antibody test may have it ordered by their physicians through one of more than 20 licensed laboratories in the state. Most hospital-based or commercial laboratories have a mechanism for obtaining HIV serology. The average fee is approximately \$25 for the ELISA assay, although some facilities charge additionally for confirmatory testing of positives.

As required by state law, there must be documentation of the patient's informed consent to be tested. All information concerning the test must be protected from unauthorized disclosure. For the rare individual with a positive test following receipt of a pre-1985 transfusion, comprehensive information should be provided concerning the need to prevent further transmission and to maintain good health practices to reduce the likelihood of developing disease.

Patients who are unable to arrange testing through their own doctor can call for an appointment with our state Alternative Test Site program. Excessive demands for testing have lengthened the waiting time for appointments from 4 to 6 weeks.

Since the program's objective is to provide personal counselling and testing to high risk persons who should not be blood donors, it is preferable for persons with lower risk of infection to seek testing in the private sector. HIV counselling and testing programs offered by the Department of Public Health are being expanded and diversified while the private sector is being encouraged to take a larger role.

### **Department of Public Health Testing Information:**

Patients call (617) 727-9080. Health care providers call (617) 522-3700 ext. 470

## CALENDAR

### Forum Series

Sponsored by the Mental Health Subcommittee  
of the AIDS Action Committee

Open to all mental health professionals

Mass. Mental Health Center, 74 Fenwood Road, Boston  
Friday evenings, 7-8:30

**April 10** "Transference/Countertransference Issues in Working with PWA's"

**April 24** "Suicidality and AIDS Anxiety"

Call (617) 437-6200 for more information.

#### **Friday, April 10**

Association for Practitioners in Infection Control,  
New England Chapter meeting — "Infection Control in  
the 80's"; Morning session on AIDS, afternoon on stress  
management.

Sheraton Lincoln, Worcester; 8:30 - 3:30

Registration fee (includes lunch) \$50 non-members,  
\$40 APIC members. For information call Rose Pachas  
(617) 522-5800, page #476.

#### **Tuesday, April 14**

"AIDS Crisis: Legal Issues of Public Health Policy"  
Public Forum Sponsored by Department of Public  
Health, Office of General Counsel  
Gardner Auditorium, State House, Boston, 9:00 - 4:30  
For information call (617) 727-2665  
No registration required.

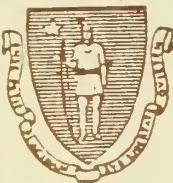
#### **Wednesday, April 29**

"AIDS-Update 1987", sponsored by the Norfolk  
County-Newton Lung Association.  
LeBifteque Restaurant, Braintree; 8:00 - 4:00  
CEU's for nurses and EMS professionals.  
\$40 fee includes lunch. Call (617) 668-6729.

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Boston Department of Health and Hospitals  
House Officers Building, Room 321  
818 Harrison Avenue  
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# AIDS NEWSLETTER

GOVERNMENT DOCUMENTS

a monthly publication from the COLLECTION

Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 3

April, 1987

AUG 13 1987

No. 4

## UPDATE

Twenty-nine additional AIDS cases were reported to the joint surveillance program in March, including eight among intravenous drug users. The high number of drug-related cases raises the proportion in this risk group to 12% of the adult total. This possible shift toward a greater influence of needle-related transmission will be observed closely in the coming months.

## REPORTED AIDS CASES ACCORDING TO INSTITUTION AND YEAR

Institution	Cumulative Case Reports			
	as of 3/31/86 No.	as of 3/31/86 (%)	as of 3/31/87 No.	as of 3/31/87 (%)
Baystate Medical Center	12	(3)	25	(3)
Beth Israel Hospital	37	(8)	65	(8)
Boston City Hospital	32	(7)	53	(6)
Brigham & Women's Hospital	23	(5)	53	(6)
Cambridge Hospital	6	(1)	7	(1)
Carney Hospital	8	(2)	15	(2)
Children's Hospital	7	(1)	14	(2)
Harvard Community Health Plan	10	(2)	26	(3)
Lahey Clinic	14	(3)	23	(3)
Lemuel Shattuck Hospital	2	(0)	12	(1)
Massachusetts General Hospital	89	(19)	120	(15)
Mt. Auburn Hospital	9	(2)	21	(3)
New England Deaconess Hospital	128	(26)	204	(25)
New England Medical Center	20	(4)	33	(4)
Newton-Wellesley Hospital	1	(0)	7	(1)
St. Elizabeth's Hospital	2	(1)	8	(1)
University Hospital	14	(3)	24	(3)
Univ. of Mass. Medical Center	2	(0)	8	(1)
V.A. Medical Center	9	(1)	19	(2)
Worcester Memorial	2	(0)	7	(1)
Other Boston Hospitals	6	(1)	10	(1)
Other Non-Boston Hospitals	53	(11)	75	(9)
Total	486	(100)	829	(100)

## REPORTED AIDS CASES ACCORDING TO COUNTY OF RESIDENCE

Suffolk	357	Worcester	27
Middlesex	125	Bristol	16
Norfolk	40	Berkshire	4
Barnstable	34	Nantucket	4
Essex	33	Hampshire	4
Hampden	31	Franklin	2
Plymouth	29	Dukes	0

Note: One hundred-twenty-three (15%) of the 829 reported cases were not residents of Massachusetts when symptoms first appeared. These patients were subsequently diagnosed and cared for in the Commonwealth.

# AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 3/31/87	Massachusetts (829)		United States (33,482)	
	No.	(%)	No.	(%)
<b>Residence</b>				
City of Boston	345	(41)		
*Remainder SMSA	188	(22)		
Remainder State	173	(21)		
Out-of-State	123	(15)		
<b>Transmission Categories (Adult Cases)</b>	811		33,011	
Homosexual/Bisexual Male	558	(69)	21,707	(66)
I.V. Drug User	95	(12)	5,540	(17)
Homosexual Male and I.V. Drug User	42	(5)	2,535	(8)
Hemophilia	8	(1)	284	(1)
Heterosexual Cases**	61	(7)	1,261	(4)
Transfusion Blood/Components	23	(3)	640	(2)
None of the above	24	(3)	1,044	(3)
<b>Transmission Categories (Children &lt;13 yrs)</b>	18		471	
Parent with AIDS/or at increased risk for AIDS	13	(72)	377	(80)
Hemophilia	1	(6)	24	(5)
Transfusion, Blood/Components	4	(22)	57	(12)
None of the above	0	(0)	13	(3)
<b>Primary Diagnosis (ordered hierarchically)</b>				
Pneumocystis carinii Pneumonia (PCP)	526	(64)	21,650	(65)
Other Opportunistic Diseases	150	(18)	7,452	(22)
Kaposi's Sarcoma (KS)	153	(18)	4,380	(13)
<b>Sex</b>				
Male	769	(93)	31,018	(93)
Female	60	(7)	2,464	(7)
<b>Condition</b>				
Alive	403	(49)	14,088	(42)
Dead	426	(51)	19,394	(58)
<b>Race</b>				
White	623	(76)	20,122	(60)
Black	141	(17)	8,271	(25)
Hispanic	61	(7)	4,766	(14)
Other/Unknown	4	(0)	323	(1)

\*Refers to the Standard Metropolitan Statistical Area within Route 495.

\*\*Includes persons who have had heterosexual contact with high risk individuals and persons born in countries in which heterosexual transmission is believed to play a major role.

## **Comprehensive Pediatric AIDS Program**

Since the AIDS epidemic began in 1981, 18 children with AIDS have been diagnosed in Massachusetts. It has been estimated that there may be five to ten times as many infants and toddlers with ARC as there are with AIDS. In February, the Comprehensive Pediatric AIDS Program (CPAP) was established in Boston to address the growing problem by providing residential care to children with AIDS or ARC.

Currently, CPAP is a four-bed residential program which provides round-the-clock care for children with HIV infection. Children are referred when hospitalization is no longer necessary and when parents are unable to care for them. The philosophy of CPAP is one that supports and facilitates the creation of a warm, caring home-like environment for children, promoting the maximum wellness of each child. This is accomplished by incorporating the child's physical, emotional, developmental and educational needs into the plan of care. Children live at the program until their parents are able to care for them or until other parenting arrangements can be accomplished.

CPAP is able to make provisions for parents (biological/foster) to spend the night. This is important for a number of reasons. First, having a parent present may be emotionally rewarding for the child. Secondly, it serves to facilitate preparations for home discharge, allowing the parents to learn to care for their child's special needs under the guidance of a multidisciplinary health care team.

The program has been funded by the Commonwealth of Massachusetts as a collaboration between the City of Boston and the State. The program has been located within the Boston City Hospital complex while a more home-like community site is being sought.

Children are eligible for the program during non-acute phases of their illness. Continuity of care is assured because the usual pediatrician, regardless of affiliation, remains responsible.

In order to provide necessary services for the children and their families, CPAP is staffed in the following manner:

A Program Manager who is responsible for the administration of the program including budget management, hiring and supervision of staff, and purchasing of equipment. The coordinator serves as a link to the network of AIDS service agencies.

A Registered Nurse who is responsible for providing ongoing assessment of the medical/nursing needs of each child and facilitates the coordination of needed services. In addition, the nurse provides ongoing education for staff, families and the community and serves as a liaison between hospitals, agencies and CPAP.

A Social Worker who provides ongoing assessments and interventions for each child/family/foster family. In addition, the social worker provides a link with other community agencies such as the Department of Social Service.

Respite Workers who provide direct child care on a twenty-four-hour basis. The workers participate in the development, implementation and evaluation of each child's plan of care.

Children can be referred to the program through a physician or social worker. Access to the program is through the program manager, Ms. Jackie Foschia at (617) 424-5903. Additional questions about the program may be referred to Ms. Foschia, Linette Liebling (AIDS Coordinator, Boston Department of Health and Hospitals, 424-4744) or Dr. Sandy Lamb (Assistant Commissioner, DHH, 424-5264).

## CALENDAR

### Saturday, May 16

"Facts not Fears: Confronting AIDS in communities of color." Educational forum featuring Gil Girard of the National AIDS Network. 11 a.m. - 1 p.m. Roxbury YMCA, 285 Martin Luther King Blvd. (corner of Warren St.) Boston. Sponsored by the AIDS Action Committee, Minority Concerns Committee. For information, call Andrew Wicker at (617) 437-6200.

### Wednesday, May 20

#### "AIDS: Myths and Realities"

All day conference for caregivers, sponsored by Fall River Hospice Outreach and other local agencies. Shipper Inn and Conference Center, Fairhaven, MA Registration \$20. Continuing education credits for nurses and social workers. For information call (617) 673-1589.

Employment Opportunity: Psychiatric nurse clinician needed part-time to work with AIDS patients at home and community health nursing staff. Call Berit Pratt, Boston VNA, 542-1384.

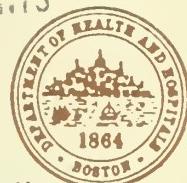
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# AIDS NEWSLETTER

University of Massachusetts

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NOV 3 1987

a monthly publication from the  
Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 3

May, 1987

No. 5

## U P D A T E

Fifty new cases of AIDS were reported during the month of April, establishing a new record for monthly activity. The significance of this increase is uncertain, since up to 40% variation in monthly case totals is common. The average monthly total for the previous six month period was 30 cases.

## REPORTED AIDS CASES ACCORDING TO INSTITUTION AND YEAR

Institution	Cumulative Case Reports			
	as of 4/30/86 No.	(%)	as of 4/30/87 No.	(%)
Baystate Medical Center	13	(3)	25	(3)
Beth Israel Hospital	38	(8)	71	(8)
Boston City Hospital	36	(7)	58	(6)
Brigham & Women's Hospital	24	(5)	54	(6)
Cambridge Hospital	6	(1)	7	(1)
Carney Hospital	8	(2)	16	(2)
Children's Hospital	7	(1)	14	(2)
Harvard Community Health Plan	10	(2)	28	(3)
Lahey Clinic	15	(3)	23	(3)
Lemuel Shattuck Hospital	2	(0)	16	(2)
Massachusetts General Hospital	91	(18)	125	(14)
Mt. Auburn Hospital	11	(2)	21	(4)
New England Deaconess Hospital	134	(27)	213	(24)
New England Medical Center	20	(4)	33	(4)
Newton-Wellesley Hospital	1	(0)	7	(1)
St. Elizabeth's Hospital	3	(1)	10	(1)
University Hospital	14	(3)	25	(3)
Univ. of Mass. Medical Center	2	(0)	11	(1)
V.A. Medical Center	9	(2)	19	(2)
Worcester Memorial	2	(0)	7	(1)
Other Boston Hospitals	6	(1)	12	(1)
Other Non-Boston Hospitals	53	(11)	84	(10)
Total	505	(100)	879	(100)

## REPORTED AIDS CASES ACCORDING TO COUNTY OF RESIDENCE

Suffolk	382	Worcester	30
Middlesex	129	Bristol	18
Norfolk	45	Berkshire	5
Barnstable	37	Nantucket	5
Essex	36	Hampshire	4
Hampden	31	Franklin	2
Plymouth	30	Dukes	0

Note: One hundred-twenty-five (14%) of the 879 reported cases were not residents of Massachusetts when symptoms first appeared. These patients were subsequently diagnosed and cared for in the Commonwealth.

# AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 4/30/87	Massachusetts (879)		United States (35,068)	
	No.	(%)	No.	(%)
<b>Residence</b>				
City of Boston	370	(42)		
*Remainder SMSA	197	(22)		
Remainder State	187	(21)		
Subtotal	754			
Out-of-State	125	(14)		
<b>Transmission Categories (Adult Cases)</b>				
	861		34,575	
Homosexual/Bisexual Male	589	(68)	22,705	(66)
I.V. Drug User	106	(12)	5,793	(17)
Homosexual Male and I.V. Drug User	43	(5)	2,634	(8)
Hemophilia	9	(1)	305	(1)
Heterosexual Cases**	65	(7)	1,335	(4)
Transfusion Blood/Components	25	(3)	686	(2)
None of the above	24	(3)	1,117	(3)
<b>Transmission Categories (Children &lt; 13 yrs)</b>				
	18		493	
Parent with AIDS/or at increased risk for AIDS	13	(72)	389	(79)
Hemophilia	1	(6)	25	(5)
Transfusion, Blood/Components	4	(22)	59	(12)
None of the above	0	(0)	20	(4)
<b>Primary Diagnosis (ordered hierarchically)</b>				
Pneumocystis carinii Pneumonia (PCP)	558	(64)	22,692	(65)
Other Opportunistic Diseases	161	(18)	7,858	(22)
Kaposi's Sarcoma (KS)	160	(18)	4,518	(13)
<b>Sex</b>				
Male	809	(93)	32,459	(93)
Female	70	(7)	2,609	(7)
<b>Condition</b>				
Alive	443	(50)	14,827	(42)
Dead	436	(50)	20,241	(58)
<b>Race</b>				
White	657	(75)	21,118	(60)
Black	151	(17)	8,662	(25)
Hispanic	66	(8)	4,950	(14)
Other/Unknown	5	-	338	(1)

\*Refers to the Standard Metropolitan Statistical Area within Route 495.

\*\*Includes persons who have had heterosexual contact with high risk individuals and persons born in countries in which heterosexual transmission is believed to play a major role.

## AIDS in Massachusetts Communities

In 1983, when AIDS surveillance began in earnest, the Massachusetts regulation for reporting of cases called for a method of notification which was similar to the reporting of other sexually transmitted diseases. According to this procedure, physicians and other reporting sources communicate directly with the Massachusetts Department of Public Health rather than through their local health department. The Boston Community Infectious Disease Epidemiology Program has collaborated with AIDS surveillance activities from the start because of the urban focus of the disease and the primary role of Boston's medical facilities.

The high degree of media attention which has been focused on AIDS makes the public release of surveillance data a cautious and sensitive process. In 1984, a few monthly statistical summaries reported cases by city of residence. Since these figures listed one or two cases in most of the communities included, opportunities existed for locally-focused media coverage to identify individual patients. To protect against such breaches of patient privacy, the policy of the AIDS Surveillance Program has subsequently been to release data in subgroups only when they include more than five individuals. We are under a strict obligation to assure confidentiality in each step of the surveillance process. It is important that the success of case reporting not be jeopardized by misuse of the summary data which we make public.

In recent months, the frequency of information requests to the Surveillance Program has escalated sharply; questions regarding the number of cases in a specific community are becoming more common. Activities in AIDS education have begun to expand within local boards of health, adding a greater degree of interest in community-specific data. At present, despite the growing case total, only 140 of the 351 cities and towns in the Commonwealth (40%) are known to have had a resident with AIDS. In thirteen of these communities the cumulative total is greater than five. With the exception of Provincetown, the population of these communities exceeds forty thousand. The cumulative case totals and rates per population size are shown below:

Descending Order by Total Cases		Descending Order by Rate per 100,000 population	
Boston	370	Provincetown	> 100 *
Cambridge	37	Boston	66
Provincetown	24	Cambridge	39
Springfield	22	Revere	21
Somerville	15	Somerville	20
Worcester	13	Brookline	15
Brockton	9	Springfield	15
Revere	9	Weymouth	11
Brookline	8	Brockton	10
Lynn	7	Lynn	9
Lowell	6	Worcester	8
Newton	6	Lowell	7
Weymouth	6	Newton	7

\*Seasonal population figures vary.

## CALENDAR

- Sunday, June 7** Ecumenical service of healing and hope. First Congregational Church, 19 Broad Street, Westfield - 3 p.m. Sponsored by the Pastoral Committee on AIDS for Western MA.
- Tuesday, June 9** Human Service Forum, Breakfast conference "AIDS in the Workplace", 7:30 to 9 a.m. Quality Inn, Chicopee Contact Maureen Skipper, (413) 781-5070.
- Saturday, June 20** Presentation of Preliminary AIDS Research Study Results 2:30 - 4:30 p.m. Rabb Lecture Hall, Boston Public Library, Boylston Street at Exeter. Sponsored by the Fenway Community Health Center, (617) 267-7573.

Bilingual Hotline to serve the Spanish-speaking community operates Monday thru Friday, 9 a.m. to 5 p.m. The program is sponsored by Dignilife and the New North Citizens Council, in cooperation with the Massachusetts Department of Public Health. **Call 413-737-2632.**

Positions Available: A coordinator and case manager are needed to provide family-focused services to children with or at risk for HIV disease as a result of their parents IV drug use. Minority candidates are encouraged to apply. Call or submit resume to:

Geneva Woodruff, Ph.D.  
77B Warren Street  
Brighton, MA 02135  
617-783-7300

### \*\*AIDS AWARENESS WEEK: OCTOBER 4-11\*\*

A campaign to provide factual information to the general public and to increase knowledge among health care providers and other professionals. If you are interested in sponsoring AIDS Awareness Week activities or want more information, call Dorothy Drennen or Deane Beebe at the Department of Public Health, Office of Health Resources, (617) 727-0368.

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# AIDS NEWSLETTER

NOV 3 1987

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Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 3

June, 1987

No. 6

## UPDATE

During the month of May, forty-six new AIDS cases were reported to the joint surveillance program. More prompt case reporting and the distribution of patients throughout a widening network of hospitals may be contributing to a larger monthly case total.

### REPORTED AIDS CASES ACCORDING TO INSTITUTION AND YEAR

Institution	Cumulative Case Reports			
	as of 5/31/86		as of 5/31/87	
	No.	(%)	No.	(%)
Baystate Medical Center	13	(2)	25	(3)
Beth Israel Hospital	37	(7)	74	(8)
Boston City Hospital	37	(7)	63	(7)
Brigham & Women's Hospital	27	(5)	56	(6)
Cambridge Hospital	6	(1)	9	(1)
Carney Hospital	8	(2)	16	(2)
Children's Hospital	7	(1)	14	(2)
Harvard Community Health Plan	10	(2)	28	(3)
Lahey Clinic	17	(3)	23	(3)
Lemuel Shattuck Hospital	3	(1)	17	(2)
Massachusetts General Hospital	95	(18)	129	(14)
Mt. Auburn Hospital	11	(2)	21	(2)
New England Deaconess Hospital	138	(26)	227	(25)
New England Medical Center	24	(5)	35	(4)
Newton-Wellesley Hospital	1	(0)	8	(1)
St. Elizabeth's Hospital	3	(1)	10	(1)
University Hospital	17	(3)	25	(3)
Univ. of Mass. Medical Center	2	(0)	11	(1)
V.A. Medical Center	10	(2)	19	(2)
Worcester Memorial	2	(0)	7	(1)
Other Boston Hospitals	10	(2)	12	(1)
Other Non-Boston Hospitals	53	(10)	96	(10)
Total	531	(100)	925	(100)

### REPORTED AIDS CASES ACCORDING TO COUNTY OF RESIDENCE

Suffolk	407	Plymouth	31
Middlesex	136	Bristol	20
Norfolk	46	Berkshire	6
Barnstable	38	Nantucket	5
Essex	38	Hampshire	4
Hampden	33	Franklin	2
Worcester	32	Dukes	0

Note: One hundred twenty-seven (14%) of the 925 reported cases were not residents of Massachusetts when symptoms first appeared. These patients were subsequently diagnosed and cared for in the Commonwealth.

# AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 5/31/87		Massachusetts (925)	No.	(%)	United States (36,058)	No.	(%)
<b>Residence</b>							
City of Boston		394	(42)				
*Remainder SMSA		207	(22)				
Remainder State		197	(21)				
Subtotal	798						
Out-of-State		127	(14)				
<b>Transmission Categories (Adult Cases)</b>							
Homosexual/Bisexual Male		623	(68)	23,365	(66)		
I.V. Drug User		110	(12)	5,919	(17)		
Homosexual Male and I.V. Drug User		44	(5)	2,702	(8)		
Hemophilia		9	(1)	328	(1)		
Heterosexual Cases**		70	(7)	1,377	(4)		
Transfusion Blood/Components		26	(3)	716	(2)		
None of the above		24	(3)	1,147	(3)		
<b>Transmission Categories (Children &lt; 13 yrs)</b>							
Parent with AIDS/or at increased risk for AIDS		14	(74)	397	(79)		
Hemophilia		1	(5)	25	(5)		
Transfusion, Blood/Components		4	(21)	61	(12)		
None of the above		0	(0)	21	(4)		
<b>Primary Diagnosis (ordered hierarchically)</b>							
Pneumocystis carinii Pneumonia (PCP)		596	(64)	23,350	(65)		
Other Opportunistic Diseases		167	(18)	8,121	(22)		
Kaposi's Sarcoma (KS)		162	(18)	4,587	(13)		
<b>Sex</b>							
Male		852	(92)	33,377	(93)		
Female		73	(8)	2,681	(7)		
<b>Condition</b>							
Alive		464	(50)	15,209	(42)		
Dead		461	(50)	20,849	(58)		
<b>Race</b>							
White		688	(74)	21,719	(60)		
Black		160	(17)	8,918	(25)		
Hispanic		71	(8)	5,067	(14)		
Other/Unknown		6	(1)	354	(1)		

\*Refers to the Standard Metropolitan Statistical Area within Route 495.

\*\*Includes 24 persons who have had heterosexual contact with high risk individuals and 46 persons born in countries in which heterosexual transmission is believed to play a major role.

## **Upcoming Expansion of AIDS Case Definition: September 1987**

When the original AIDS surveillance definition was developed by the Centers for Disease Control (CDC) in 1981, the indicator diseases which were included represented an array of unusual opportunistic infections and malignancies thought to be extremely specific for the newly recognized syndrome. For the primary purpose of case-reporting, the definition was adequate even though no specific serology was available. With the advent of HIV serology and viral culture techniques, the definition was expanded in 1985 to include a number of indicator diseases which that, taken alone, would not be specific for AIDS. However, as the clinical spectrum of HIV associated disease continues to unfold, an even wider range of serious outcomes has become evident. In September, 1987, the second revision of the AIDS case definition will be instituted by surveillance programs nationwide. The objectives of this revision are:

- 1) more effective monitoring of serious morbidity associated with HIV infection
- 2) simplification of AIDS case reporting
- 3) increased sensitivity and specificity of surveillance through greater application of HIV serology results
- 4) consistency with current diagnostic practice.

The major changes are the inclusion of HIV encephalopathy (dementia complex), wasting syndrome, and a broader range of indicator diseases (such as disseminated or miliary tuberculosis and recurrent nontyphoid Salmonella septicemia) in patients with HIV antibody. For children under age 13, multiple bacterial infections (two or more within two years) will be considered AIDS when HIV infection is confirmed serologically. Under the new definition, even if alternative possible causes of immunodeficiency are present in HIV seropositives, the case is still counted as AIDS. Serious concerns have been raised about a recent trend toward diagnosing certain indicator diseases without specific tissue confirmation as required by the original definition. In Massachusetts, these presumptively diagnosed cases account for only 4% of the total; other locations have noted rates as high as 15%. If, in the future, clinical practice increases the extent of presumptive diagnosis, our ability to accurately monitor the epidemic could be jeopardized. To protect the continuity of surveillance data, future cases diagnosed presumptively and others which fulfill only the new criteria will be categorized separately.

In anticipation of the expanded definition, the surveillance program staff has begun to plan a conference and a mailing for participants in the case-reporting network. The details of our plans will be announced in future issues of the Newsletter. Meanwhile, we encourage reporting of any cases (historical or current) that will fulfill the new criteria. We ask that you refer these reports, along with any questions you may have, to the surveillance epidemiologists:

Boston Department of Health and Hospitals

George Seage (617) 424-4749

or

Beverly Heinze-Lacey (617) 424-5467

Massachusetts Department of Public Health

Jeanne Day or Laurie Kunches (617) 522-3700, ext. 476

**\*\*AIDS AWARENESS WEEK: OCTOBER 4-11\*\***

A campaign to provide factual information to the general public and to increase knowledge among health care providers and other professionals. If you are interested in sponsoring AIDS Awareness Week activities or want more information, call Dorothy Drennen or Deane Beebe at the Department of Public Health, Office of Health Resources, (617) 727-0368.

**CALENDAR**

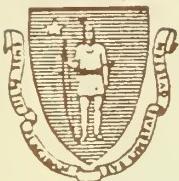
- Thursday, July 9  
and**
- Thursday, August 13**
- Networking Breakfast, Club Cafe  
Columbus Ave. (@ Berkley St.), Boston  
8 - 9 a.m. Held monthly with informal  
presentations and discussion, open to everyone  
involved in AIDS activities.
- Thursday, September 24  
and**
- Saturday, September 26**
- New England Episcopal Conference on AIDS,  
Mont Marie Conference Center, Holyoke, MA  
Sponsored by the Province I AIDS Network.  
Call Rev. Bennett (203) 525-4289 for information  
or write P.O. Box 6085, Hartford, CT 06106

**Employment Opportunity:** Nurses (preferably with IV experience) are needed to care for AIDS patients in their homes. Flexible hours, excellent wages. Call Susan Di Donato (Boston VNA, Care Connection) 426-5143.

**EDITORIAL BOARD**

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Laurie Kunches	Anne Marie Silvia
Robert Carr	

Boston Department of Health and Hospitals  
House Officers Building, Room 321  
818 Harrison Avenue  
Boston, MA 02118

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# AIDS NEWSLETTER

NOV 3 1987

a monthly publication from Massachusetts

Massachusetts Department of Public Health, University of Boston, Depository of Health and Hospitals

Vol. 3

August, September, 1987

No. 8

## UPDATE

Thirty-six new cases were reported to the AIDS Surveillance program in July and forty-three additional cases were reported in August. The August Newsletter was deferred to allow us to move the printing cycle ahead to the first week of the month.

### REPORTED AIDS CASES ACCORDING TO INSTITUTION AND YEAR

Institution	Cumulative Case Reports			
	as of 8/31/86 No.	(%)	as of 8/31/87 No.	(%)
Baystate Medical Center	16	(3)	28	(3)
Beth Israel Hospital	43	(7)	81	(8)
Boston City Hospital	42	(7)	70	(7)
Brigham & Women's Hospital	34	(6)	65	(6)
Cambridge Hospital	6	(1)	11	(1)
Carney Hospital	8	(1)	16	(2)
Charlton Memorial Hospital	4	(1)	6	(1)
Children's Hospital	10	(2)	17	(2)
Faulkner Hospital	3	(1)	6	(1)
Harvard Community Health Plan	18	(3)	34	(3)
Lahey Clinic	19	(3)	24	(2)
Lemuel Shattuck Hospital	3	(1)	23	(2)
Massachusetts General Hospital	103	(17)	141	(14)
Mt. Auburn Hospital	13	(2)	24	(2)
New England Deaconess Hospital	164	(26)	244	(24)
New England Medical Center	29	(5)	40	(4)
Newton-Wellesley Hospital	1	(0)	8	(1)
St. Elizabeth's Hospital	3	(1)	12	(1)
University Hospital	18	(3)	28	(3)
Univ. of Mass. Medical Center	3	(1)	13	(1)
V.A. Medical Center	14	(2)	22	(2)
Worcester Memorial	7	(1)	8	(1)
Other Boston Hospitals	8	(1)	8	(1)
Other Non-Boston Hospitals	53	(9)	105	(10)
Total	622	(100)	1,034	(100)

### REPORTED AIDS CASES ACCORDING TO COUNTY OF RESIDENCE

Suffolk	445	Hampden	36
Middlesex	156	Bristol	24
Norfolk	55	Berkshire	6
Barnstable	46	Nantucket	5
Essex	45	Hampshire	4
Plymouth	38	Franklin	3
Worcester	38	Dukes	0

Note: One hundred thirty-one (13%) of the 1,034 reported cases were not residents of Massachusetts when symptoms first appeared. These patients were subsequently diagnosed and cared for in the Commonwealth.

## The Impact of AIDS on Communities of Color

In early August, the Centers for Disease Control sponsored the first national conference on AIDS in Minority Populations. With nearly a thousand participants, the meeting drew heavy press coverage and spawned many discussions of this complex issue. In the aftermath of the meeting, the attention of public health organizations, minority community coalitions, and AIDS service providers has been concentrated on the urgent need for educational outreach to communities of color.

National statistics indicate that whereas 20% of the total population consists of blacks, Hispanics, and other minorities, 40% of AIDS cases have occurred in this group. Among minorities in Massachusetts, which comprise less than 10% of the population, the proportion of AIDS cases is 25%. Pediatric cases in minorities show the greatest over-representation, being 80% of the total in national statistics, and 56% of the total in Massachusetts.

Among Massachusetts residents between the ages of 15 and 49, the cumulative incidence of AIDS in blacks is nearly six times that of whites. Black women have a rate fifteen times that of white women. Hispanic adults of either sex have contracted AIDS at four times the rate seen in whites.

As illustrated in the following table, the transmission categories for Massachusetts adults with AIDS show a different distribution among people of color when compared to whites. This is most striking for males, where homosexual contact and intravenous drug categories have had nearly equal influence among minorities, in contrast to a nearly 30:1 ratio among whites.

Transmission Category	Males		Females	
	Minority	White	Minority	White
Homo/Bisexual men	74 (36%)	532 (87%)	-	-
IV Drug User (IVDU)	73 (35%)	19 (3%)	12 (41%)	14 (38%)
Homosexual male IVDU	8 (4%)	30 (5%)	-	-
Hemophilia	1 (-)	7 (1%)	-	-
Heterosexual cases	42 (20%)	2 (-)	14 (48%)	10 (27%)
Transfusion	1 (-)	12 (2%)	2 (7%)	9 (24%)
Other/undetermined	9 (4%)	10 (2%)	1 (4%)	4 (11%)
	208 (100%)	612 (100%)	29 (100%)	37 (100%)

Local agencies, both public and private, are mobilizing to meet the challenge of effective AIDS education and prevention. The Massachusetts Department of Public Health is recruiting bilingual candidates to work in the Southeastern and Northeastern regions. Three of the Department's current staff of health educators focus effort on minority communities — Gilbert White and Idris Bilal in Boston (617-727-0368) and Luz Till in the Springfield area (413-562-7583). Also in Springfield, the New North Citizen's Council and Dignilife have collaborated with the Department to establish a bilingual AIDS hotline (413-737-2632) and to develop a proposal seeking CDC funds for initiating and evaluating intensified outreach activities among Hispanics.

Through its Minority Concerns Committee and the work of a minority health educator, the AIDS Action Committee (617-437-6200) offers bilingual and multi-cultural information and services. The City of Boston is recruiting a minority health educator to complement the staff that currently includes a Haitian community outreach worker, Jean Bonnet (617-424-5916). Many other community-based agencies are contributing the diverse resources necessary to meet the wide-ranging needs of people of color.

# AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 8/31/87	Massachusetts (1034)		United States (40,845)	
	No.	(%)	No.	(%)
<b>Residence</b>				
City of Boston	431	(42)		
*Remainder SMSA	239	(23)		
Remainder State	232	(22)		
Subtotal	902			
Out-of-State	132	(13)		
<b>Transmission Categories (Adult Cases)</b>	1,012		40,282	
Homosexual/Bisexual Male	697	(69)	26,631	(66)
I.V. Drug User	126	(12)	6,617	(16)
Homosexual Male and I.V. Drug User	48	(5)	3,052	(8)
Hemophilia	9	(1)	369	(1)
Heterosexual Cases	75	(7) **	1,562	(4)
Transfusion Blood/Components	29	(3)	850	(2)
None of the above	28	(3)	1,201	(3)
<b>Transmission Categories (Children &lt; 13 yrs)</b>	22		563	
Parent with AIDS/or at increased risk for AIDS	17	(77)	440	(78)
Hemophilia	1	(5)	30	(5)
Transfusion, Blood/Components	4	(18)	68	(12)
None of the above	0	(0)	25	(4)
<b>Primary Diagnosis (ordered hierarchically)</b>				
Pneumocystis carinii Pneumonia (PCP)	653	(65)	26,553	(65)
Other Opportunistic Diseases	185	(18)	9,285	(23)
Kaposi's Sarcoma (KS)	174	(17)	5,007	(12)
<b>Sex</b>				
Male	948	(92)	37,809	(93)
Female	86	(8)	3,036	(7)
<b>Condition</b>				
Alive	511	(49)	17,286	(42)
Dead	523	(51)	23,559	(57)
<b>Race</b>				
White	768	(74)	24,778	(61)
Black	179	(17)	9,992	(25)
Hispanic	80	(8)	5,691	(14)
Other/Unknown	7	(1)	384	(1)

\*Refers to the Standard Metropolitan Statistical Area within Route 495.

\*\*Includes 27 persons who have had heterosexual contact with high risk individuals and 48 persons born in countries in which heterosexual transmission is believed to play a major role.

## CALENDAR

**Friday, October 2**

"AIDS: Individual Rights and Public Responsibilities", Annual Fall Meeting of the Massachusetts Public Health Association. Parker House, Boston; 8:00 a.m. -12:15 p.m. Registration (including breakfast) \$18.00/members, \$23.00/others. Mail check to MPHA, 305 South Street, Jamaica Plain, MA 02130.

**Thursday, October 22**

"The Rationing of Health Care: For Whom, By Whom?"; a one-day conference addressing AIDS and other issues. Mt. Auburn Hospital. \$35 fee. Call 617-499-5098 for information.

**Positions Available:**

For nursing staff at the Lemuel Shattuck AIDS unit. Will consider alternative shift assignments. Call Maureen McDonald 522-8110 ext. 251.

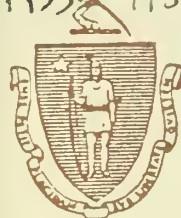
**\*\*AIDS AWARENESS WEEK: OCTOBER 4-11\*\***

A series of eight free conferences have been organized by the Department of Public Health as part of the information campaign. A schedule is included, and further information is available from the Office of Health Resources, (617) 727-0368.

**EDITORIAL BOARD**

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# AIDS NEWSLETTER

a monthly publication from the

Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 3

October, 1987

No. 10

~~GOVERNMENT DOCUMENTS  
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## U P D A T E

Thirty-three additional AIDS cases were reported during September. The summary statistics will begin to represent the revised case definition when the appropriate computer software is operational.

### REPORTED AIDS CASES ACCORDING TO INSTITUTION AND YEAR

Institution	Cumulative Case Reports			
	as of 9/30/86 No.	(%)	as of 9/30/87 No.	(%)
Baystate Medical Center	18	(3)	30	(3)
Beth Israel Hospital	44	(7)	85	(8)
Boston City Hospital	42	(6)	70	(7)
Brigham & Women's Hospital	36	(6)	71	(7)
Cambridge Hospital	6	(1)	11	(1)
Carney Hospital	9	(1)	16	(2)
Charlton Memorial Hospital	5	(1)	6	(1)
Children's Hospital	13	(2)	17	(2)
Faulkner Hospital	4	(1)	6	(1)
Harvard Community Health Plan	20	(3)	34	(3)
Lahey Clinic	19	(3)	25	(2)
Lemuel Shattuck Hospital	3	(1)	23	(2)
Massachusetts General Hospital	103	(16)	142	(14)
Mt. Auburn Hospital	16	(2)	24	(2)
New England Deaconess Hospital	172	(26)	252	(24)
New England Medical Center	30	(5)	42	(4)
Newton-Wellesley Hospital	3	(1)	8	(1)
St. Elizabeth's Hospital	3	(1)	12	(1)
University Hospital	19	(3)	31	(3)
Univ. of Mass. Medical Center	3	(1)	14	(1)
V.A. Medical Center	15	(2)	22	(2)
Worcester Memorial	7	(1)	8	(1)
Other Boston Hospitals	8	(1)	8	(1)
Other Non-Boston Hospitals	55	(9)	110	(10)
Total		653 (100)	1,067 (100)	

### REPORTED AIDS CASES ACCORDING TO COUNTY OF RESIDENCE

Suffolk	463	Hampden	38
Middlesex	157	Bristol	25
Norfolk	58	Berkshire	7
Barnstable	48	Nantucket	5
Essex	47	Hampshire	5
Plymouth	38	Franklin	3
Worcester	38	Dukes	0

Note: One hundred thirty-five (13%) of the 1,067 reported cases were not residents of Massachusetts when symptoms first appeared. These patients were subsequently diagnosed and cared for in the Commonwealth.

# AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 9/30/87		Massachusetts (1,067) No.	(%)	United States (42,182) No.	(%)
<b>Residence</b>					
City of Boston		447	(42)		
*Remainder SMSA		246	(23)		
Remainder State		239	(22)		
Subtotal	932				
Out-of-State		135	(13)		
<b>Transmission Categories (Adult Cases)</b>		1,045		41,602	
Homosexual/Bisexual Male		719	(69)	27,483	(66)
I.V. Drug User		131	(13)	6,853	(16)
Homosexual Male and I.V. Drug User		49	(5)	3,129	(8)
Hemophilia		10	(1)	379	(1)
Heterosexual Cases		77	(7) **	1,644	(4)
Transfusion Blood/Components		30	(3)	882	(2)
None of the above		29	(3)	1,232	(3)
<b>Transmission Categories (Children &lt; 13 yrs)</b>		22		580	
Parent with AIDS/or at increased risk for AIDS		17	(77)	456	(79)
Hemophilia		1	(5)	31	(5)
Transfusion, Blood/Components		4	(18)	70	(12)
None of the above		0	(0)	23	(4)
<b>Primary Diagnosis (ordered hierarchically)</b>					
Pneumocystis carinii Pneumonia (PCP)		693	(65)	27,429	(65)
Other Opportunistic Diseases		198	(19)	9,594	(23)
Kaposi's Sarcoma (KS)		176	(16)	5,159	(12)
<b>Sex</b>					
Male		973	(92)	39,022	(93)
Female		89	(8)	3,160	(7)
<b>Condition</b>					
Alive		528	(49)	17,937	(43)
Dead		539	(51)	24,245	(57)
<b>Race</b>					
White		792	(74)	25,571	(61)
Black		186	(17)	10,338	(25)
Hispanic		82	(8)	5,873	(14)
Other/Unknown		7	(1)	400	(1)

\*Refers to the Standard Metropolitan Statistical Area within Route 495.

\*\*Includes 28 persons who have had heterosexual contact with high risk individuals and 49 persons born in countries in which heterosexual transmission is believed to play a major role.

## AIDS Prevention in Massachusetts: Intravenous Drug Users

Efforts to interrupt the spread of human immunodeficiency virus (HIV) among intravenous drug users have been fortified in recent months by several new initiatives. An estimated 6000 needle-drug users in the Commonwealth may be already infected. Yet, a critical opportunity exists to prevent the infection rate from reaching extreme proportions, as in the mid-Atlantic states where the virus was introduced earlier than in Massachusetts.

AIDS surveillance statistics reveal a slow but steady rise in the subset of adult cases linked to needle-drug use. Early in the epidemic, less than 10% of cases had drug use as a primary risk factor. In 1986, 12% of new cases occurred in drug users; this year, 16% of newly diagnosed patients used drugs.

More than one third of women with AIDS in Massachusetts have themselves used drugs; an additional 20% are thought to have been infected sexually by male drug users. Nearly one in seven men with AIDS locally reported prior use of IV drugs, and one in four pediatric cases have occurred in offspring of drug users.

The percentage of AIDS cases associated with drug use is highest in the area outside of metropolitan Boston, where 18% of adults with AIDS have this risk factor. This proportion is lower in Boston (14%), and lowest in the suburban region or SMSA (8%).

Highlights of new efforts to prevent AIDS among this high risk population include:

\*In Worcester, an intensive and systematic outreach through a network of agencies which interface with drug users and their associates. Originally funded by the state for intervention in the delta hepatitis outbreak, the Worcester Health Department program continues in an expanded form to offer HIV testing, counseling and priority referral to treatment programs.

\*At Spectrum House in Westboro, with funding from NIDA, an evaluation of methods to educate drug users about AIDS and behavior modification. As a result of this study, effective strategies and materials will be developed and refined.

\*At Boston City Hospital, a drop-in center for education, counseling, HIV testing and referral will open this month. Located at 720 Massachusetts Ave., "Project TRUST" is supported by DPH through the Divisions of Alcoholism and Drug Rehabilitation in an effort to improve access to information and anonymous testing. The services provided by the project will be brought to area drug treatment programs on a rotating schedule beginning later this year.

\*AIDS Action Committee's growing force of volunteers and staff actively reaching high risk individuals in their neighborhoods. The IV Drug Task Force is rapidly gaining support and recognition for their catalytic role in circulating the risk reduction message.

\*State-wide AIDS training for drug counselors and program directors, according to a curriculum developed by NIDA. In 1987, nearly 300 participants have received training as part of this DPH program.

## CALENDAR

- Thursday, November 19** "Combatting AIDS: The Role of the Health Educator." 9:00 a.m. - 3:30 p.m., Boston University School of Medicine, Boston. Sponsored by the N.E. Health Education Association, Chapter of SOPHE. Call Myra Wisotzky (603) 225-2711 ext. 3053.
- Saturday, November 7** "Youth and AIDS: Doing Prevention with Special Populations." 7:30 a.m. - 5:30 p.m., Harvard University Science Center, Cambridge. Sponsored by Gay and Lesbian Counseling Service and AIDS Action Committee. CEU's for nurses, social workers and alcoholism counselors. Registration \$50.00. Contact (617) 542-5188.
- Saturday, November 14** "AIDS in the Minority Community: Beyond Cultural Resistance". 9:00 a.m. - 4:30 p.m., Harvard School of Public Health, Boston. For information, call Dr. Gerard Cox at (617) 732-5542.

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